Fill	in this information	to identify your case:					14/2	Check one bo	ox only as directed in th	is form and in
De	ebtor 1	Nelson	Steven	Nazario				_	• •	
٥,		First Name	Middle Name	Last Name				1. There is	no presumption of abu	ise.
	ebtor 2 pouse, if filing)	-	Add the At	L (N)				of abuse a	culation to determine if pplies will be made und	der Chapter 7
•		First Name	Middle Name	Last Name	_				st Calculation (Official F	,
		uptcy Court for the:	Easter	n District of	Pennsylva	nia	-		ans Test does not apply I military service but it o	
	ase number known)		_					Check if th	nis is an amended filing	
Of	ficial Form	122A-1								
Ch	napter 7 S	Statement	of Your	Curren	t Mont	hly li	nco	me		12/19
attac and oeca with	ch a separate shee case number (if kr ause of qualifying this form.	t to this form. Includ nown). If you believe	e the line number that you are exen plete and file <i>Sta</i> r	to which the another than the another th	additional inf resumption	formation of abuse b	applies pecause	s. On the top of e you do not ha	ing accurate. If more s any additional pages, ave primarily consume 707(b)(2) (Official Forn	write your name r debts or
1.		ital and filing status?								
	_	ill out Column A, lines								
		our spouse is filing w	•			2-11.				
		our spouse is NOT fil he same household :				olumn A a	nd R li	nec 2-11		
	_			-					ng this box, you declare	
	under pei	nalty of perjury that your reast reliving apart for reast	ou and your spous	e are legally s	eparated und	ler nonbar	nkruptcy	/ law that applie	es or that you and your	
10 va ex	01(10A). For examparied during the 6 m	ole, if you are filing on nonths, add the incom	September 15, the for all 6 months	e 6-month per and divide the	iod would be total by 6. F	March 1 till in the re	hrough sult. Do	August 31. If the not include an	le this bankruptcy cas ne amount of your mon y income amount more re nothing to report for	thly income than once. For
							Colu <b>Deb</b> t	ımn A tor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages deductions).	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).						\$0.00		
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.							\$0.00		
4.	your dependents unmarried partner roommates. Include	any source which and including child support, members of your holder regular contribution ents you listed on line	port. Include regulousehold, your depons from a spouse	ar contribution endents, pare	s from an nts, and			<b>\$0.00</b>		
5.	Net income from or farm	operating a business	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$3,819.55						
	Ordinary and nece	essary operating expe	enses	- \$2,027.05						
	Net monthly incom	ne from a business, p	rofession, or farm	\$1,792.50		Copy here →		\$1,792.50		
6.	Net income from	rental and other real	property	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$0.00						
	Ordinary and nece	essary operating expe	enses	- \$0.00						
	Net monthly incom	ne from rental or othe	r real property	\$0.00		Copy here		<b>¢</b> 0.00		
_	Internal Control					$\rightarrow$		\$0.00 \$0.00		
1.	Interest, dividend	is, and royalties						φυ.υυ		

Case 24-12040 Doc 3 Filed 06/14/24 Entered 06/14/24 12:26:49 Desc Main

De	btor 1	Nelson	Steven	Document	Page 2 c	of 3 Case nu	imber (if known)	
		First Name	Middle Name	Last Name	<del>uyu                                 </del>	4 0		
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	8. Unem	ployment compens	ation	\$0.00				
	Do no under	Do not enter the amount if you contend that the amount received was a benefit under						
	the Sc	ocial Security Act. In	stead, list it here:					
	For yo	u		<u> </u>	\$0.00			
	For yo	ur spouse		<u> </u>				
	benefi do not United disabi retired that it	t under the Social S include any compe I States Governmen lity, or death of a me I pay paid under cha does not exceed the	ecurity Act. Also, excensation, pension, pay, at in connection with a ember of the uniformedapter 61 of title 10, there amount of retired pay	any amount received the spt as stated in the nexto annuity, or allowance produced in the nexto annuity, combat-related services. If you receive in include that pay only to which you would other than chapter 61 or	t sentence, paid by the ed injury or red any to the extent therwise be	<u>\$0.00</u>		
	Do no receit dome the U injury list of	ot include any benei ved as a victim of a estic terrorism; or co Inited States Govern or disability, or dea ther sources on a se	fits received under the war crime, a crime agampensation, pension, nment in connection w	re. Specify the source a Social Security Act; parainst humanity, or interpay, annuity, or allowa ith a disability, combatuniformed services. If the total below.	ayments national or nce paid by related	\$1.42		
	FIO-Nata	2023 Federal III	come lax Refund			<u>Ψ1.42</u>		•
	Total amou	unts from separate p	pages, if any.			+	+	
				Add lines 2 through 10 to the total for Column		\$1,793.92	+	= \$1,793.92  Total current monthly income
Pa	art 2: Dete	ermine Whether	the Means Test A	pplies to You				menany meeme
12.			y income for the year.					
	_		-	ne 11			Copy line 11 here $\rightarrow$	\$1,793.92
	Multi	ply by 12 (the numb	er of months in a year)	).				<b>x</b> 12
	12b. The r	esult is your annual	income for this part of	the form.			12b.	\$21,527.04
13.	Calculate ti	ne median family in	come that applies to					
	Fill in the st	ate in which you live	<del>)</del> .	Pennsylvania				
	Fill in the nu	umber of people in y	our household.	1				
	Fill in the m	edian family income	e for your state and siz	e of household			13.	\$66,923.00
				o online using the link sole at the bankruptcy cl		separate		

14. How do the lines compare?

Go to Part 3 and fill out Form 122A-2.

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* 

Case 24-12040 Doc 3 Filed 06/14/24 Debtor 1

Entered 06/14/24 12:26:49 Page 3 of 3 Case number

First Name Middle Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Nelson Steven Nazario

Signature of Debtor 1

Date 06/14/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.